

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 673414

1. Entity Name

GREAT OCALA PARK CORPORATION

Principal Place of Business

% ORTEGA AND COMPANY, P.A.  
2307 DOUGLAS RD. SUITE 302  
MIAMI FL 33145

Mailing Address

% ORTEGA AND COMPANY, P.A.  
2307 DOUGLAS RD. SUITE 302  
MIAMI FL 33145

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2082490

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERTOCH, CARL A  
537 EAST PARK AVENUE  
TALLAHASSEE FL 32315

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☒  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DP	N. DE CUELLO, AIMEE	2025 CACIQUE ST - OCEAN PRK	SANTURCE P.	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
STD	CUELLO DE DE JUAN, MARIA MARGARIT	28 FORTE ST	SAN JUAN PR	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	FERNANDEZ, RAFAEL	CALLE 56 BB 1 A TERESITA	BAYAMON PR	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Quincy J. De Cuello*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/05/01

Date

(787) 724-4200

Daytime Phone #

0182265

CR2E034 (10/00)

FILED  
Apr 12, 2001 8:00 am  
Secretary of State

04-12-2001 90544 014 \*\*\*150.00



DO NOT WRITE IN THIS SPACE